State of Minnesota			District Court
County		Judicial District:	
		Court File Number:	
		Case Type:	Domestic Abuse
In the Matter of:			
Petitioner	_	Affidavit of Per	rsonal Service by
			orrections Officer
vs.		(Domes)	tic Abuse)
		(Minn. Stat. § 5	518B.01, subd. 8)
Respondent	_		
STATE OF MINNESOTA	,		
STATE OF MINNESOTA) ss.		
COUNTY OF(County where Affidavit signed)	_)		
(County where Affidavit signed)			
I,beir	ng first	sworn/affirmed under	oath state that I am a:
Peace officer licensed by the state of Min	nesota.	, or	
•			······································
Corrections officer, including but not limit officer or a jail or correctional facility emp	-	robation officer, court s	services officer, parole
On, I perso (Month, Day, Year Hand-delivered)	onally s	erved true and correct o	copies of the following:
(Month, Day, Year Hand-delivered)	J		
(Place an X in the box next to the documents	s that yo	ou served.)	
Affidavit of			
Affidavit of	son who sig	gned Affidavit)	
Notice of Hearing			
Ex parte Order for Protection			
Other:			
Other:(Title of any of	other docu	ments served)	_
upon(Name of Respondent)		, in the above-entitled	matter at:
C A 11			
Street Address: (Include name of	of the facili	ty if appropriate.)	
City & State:			
Dated:			
	Signature	(Sign only in front of notary p	public or court administrator.)
]	Name:		
Sworn/affirmed before me this	Addres	ss:	
day of		ate/Zip:	
		one: ()	
Notary Public \ Deputy Court Administrator	г		